PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2004

Application or Docket Number

10/511291

		CLAIMS A	S FILED (Column		(Column 2)		SMALL ENTITY TYPE		OTHER THAI		THAN	
To	OTAL CLAIMS	3	AMENDED		(00.00]	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		1	BASIC FE		OR	BASIC FEE	
TC	OTAL CHARGE	ABLE CLAIMS	minus 20≨		•			XS 9=	 	ÖR	XS18=	100
INC	DEPENDENT C	LAIMS	prinus 3 =		*			X 44	-	1	x 88	
ML	JLTIPLE DEPE	NDENT CLAIM P	RESENT						-	OR		
* If the difference in column 1 is less than zero, enter "0" in column 3								+150	<u> </u>	OR	+300	
								TOTAL		OR	TOTAL	950
CLAIMS AS AMENDED - PAR (Column 1) (Colum						(Column 3)		SMALL ENTITY			OTHER SMALL	
	7	CLAIMS	I HIGH				1 .		,	OR		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.10	Minus	·· 20)	= 🔿		XS 9=		OR	X\$18=	
AME	Independent	-	Minus	<u> </u>		= 0		X 44.		OR	x 88	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										1220	
								* 150		OR	+300	
								DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	ın 2)	(Column 3)	_					
NT B	•	REMAINING NU AFTER PREV		HIĞHE NUMB PREVIO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Total	AMENDMENT	Minus	PAID F	OR	=	l	VC 0	FEE		V610	FEE
JEN I	Inaependent		Minus	***		=	 	XS 9=	•	OR	X\$18=	
Ā	FIRST PRESE	NTATION OF MU	L	ENDENT	CLAIM					OR		
							'			OR.		
	,						TOTAL	· ,	OR	TOTAL ADDIT. FEE		
		(Calumn 4)					. A	DDIT. FEE			AUDII. FEEL	
		(Column 1)		(Colum		(Column 3).				_		
ပ		REMAINING		HIGHE NUMBI		PRESENT		. 1	ADDI-	ſ		ADDI-
EN		AFTER AMENDMENT		PREVIOU PAID F	JSLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=	
WE!	Independent	*	Minus	***		.=	-			Ė		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							<u>_</u>		OR		
		•					·			OR		. 1
•. If	the entry in colur	L	· TOTAL		υn [
11	** If the "Highest Number Providuals Daid Cost IN THIS COLOR to Love they bed									OR ;	TOTAL DDIT. FEE	
. T	t the "Highest Nur The "Highest Num	mber Previously Paid ber Previously Paid	id For" IN THIS For" (Total or	S SPACE is Independen	less than t) is the	n 3, enter "3." highest number		DOIT. FEE	ropriate box			